



Massachusetts Victim Assistance Academy 2016 Application Form

Name: _____ Date: _____

Organization: _____

Home Address: _____ County: _____

(street, city, state, zip)

Business Address: _____ County: _____

(street, city, state, zip)

Phone Numbers: (w) _____ (h) _____ (c) _____

Fax Number: _____ E-mail(s): _____

Current Position/Title: _____ ☐ Full-time ☐ Part-time ☐ Paid ☐ Volunteer

Length of time in field of victim services or other related work with victims/survivors: _____

Length of time in your current position: _____

Please list any accommodations or assistance you require: _____

Emergency contact: (Name) _____ (Phone) _____

- ☐ I will stay on campus (strongly encouraged)
- ☐ I am unable to stay on campus but would like to be considered as a commuter student.

If requesting to be considered as a commuter student, we ask that you complete the following:

- I can commit to attending all MVAA classes (8am-6pm) ☐ Yes ☐ No
- I will be able to attend after-class activities (6pm-8pm) ☐ Yes ☐ No
- Reasons for not being able to stay on campus: _____

1. Please attach a **current resume**.
2. Please attach a brief **Personal Statement** addressing the following (*Between 1-2 pages double spaced*):
 - a) Why do you want to attend the MVAA?
 - b) How will attending the MVAA benefit you, your organization, your clients, and your community?
 - c) The MVAA seeks participants representing a diverse range of Massachusetts agencies and communities. Describe any relevant experience, training and/or your interest in strengthening awareness, knowledge, and skills necessary to better serve victims and survivors with diverse demographic characteristics.
3. The services I provide to victims and survivors are ☐ Local ☐ Regional ☐ Statewide ☐ Federal

4. Indicate the **primary victim/survivor population** that you serve (check all that apply):

<input type="checkbox"/> All/General Victim Services	<input type="checkbox"/> Immigrants/Refugees
<input type="checkbox"/> Assault/Robbery/Gun Violence	<input type="checkbox"/> Operating Under the Influence (OUI)
<input type="checkbox"/> Child Abuse/Exploitation	<input type="checkbox"/> Property/Economic Crime/Fraud
<input type="checkbox"/> Elders	<input type="checkbox"/> Sexual Assault/Exploitation
<input type="checkbox"/> Ethnic/Cultural/Linguistic Minorities	<input type="checkbox"/> Survivors of Homicide Victims
<input type="checkbox"/> Family Violence	<input type="checkbox"/> Victims and Survivors with Disabilities
<input type="checkbox"/> GLBTQ	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hate Crime	_____

5. How did you hear about the Massachusetts Victim Assistance Academy (check all that apply):

<input type="checkbox"/> Co-worker	<input type="checkbox"/> MVAA Alumni
<input type="checkbox"/> Agency Supervisor	<input type="checkbox"/> Agency Director
<input type="checkbox"/> MOVA Website and/or Social Media	<input type="checkbox"/> MOVA Victim Rights Month Events
<input type="checkbox"/> Listserv/Email	<input type="checkbox"/> Other: _____

6. **Supervisor Statement (2 Paragraph Limit):** As the direct supervisor for this applicant, briefly explain why s/he would be an exceptional candidate for the MVAA. Please attach the Supervisor Statement with application and; print and sign name below which will indicate your support of the applicant's attendance for the full 40-hour course, and other related alumni activities whenever possible in the future.
7. As the direct supervisor for this applicant, by signing your name below you are indicating your support of the applicants attendance for the 40-hour course, and other related alumni activities whenever possible in the future.

Supervisor Signature: _____ Date: _____

Supervisor Printed Name: _____ Supervisor Phone: _____

Supervisor email: _____

Program Director Signature: _____ Date: _____

Director Printed Name: _____ Director Phone: _____

Director email: _____

8. By signing below you signify your commitment **to attend the full 40-hour course**, if accepted. Please note that acceptance into **the MVAA is not transferable to another colleague or staff member**.

Applicant Signature: _____ Date: _____

Your application must be received by

March 11, 2016 - Applicants wishing to be considered for the Mintz Levin/Paul Poth Scholarship and/or the Cheryl Watson Memorial Scholarship

May 20th, 2016 – All other Traditional & Advanced MVAA applications

Do not send your registration fee with application. Full fee of \$490 includes room, board, materials and special activities. While we expect all students to reside on campus during the week of training, we understand this might not be possible for everyone. However, the MVAA fee is \$490 regardless of campus residency. MOVA will review applications and notify those accepted 3 weeks after the appropriate application deadline. The fee or a PV is due by **July 1, 2015** or your slot may need to be offered to others on the wait list. *A late fee will be charged for payment received after the payment deadline.*

Cancellation Policy: If you cancel 14 or more days prior to the training, you will be refunded 75% of the fee. If you cancel 7-13 days prior, you will be refunded 50%. No refund will be available for cancellations made with less than 7 days notice.

Mail, e-mail or fax your **completed and signed application** form, **INCLUDING** your resume, personal statement, and signed supervisor statement to:

**Massachusetts Office for Victim Assistance
C/O MVAA
1 Ashburton Place, Suite 1101, Boston, MA 02108
Fax: (617) 586-1341, E-mail: MOVA@state.ma.us**